

**MISSOURI WIC VENDOR**  
**EXTRA STAMP ORDER FORM**

WIC VENDOR STAMP

(Place WIC Vendor Stamp Impression in box above)

Number of Stamps @ \$13.00 each =

\$

**\*\*\* Make checks payable to Covansys \*\*\***

Store Name: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Ship to Attention: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

PLEASE MAIL A COPY OF THIS FORM, ALONG WITH CHECK TO:

Covansys  
13401 W. 98th Street  
Lenexa, KS 66215  
Attn: Tamiko French

Missouri Department of Health and Senior Services use only

Order approved by: \_\_\_\_\_

Date: \_\_\_\_\_